

10/003, 912

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
25184-P034US/S5627

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.16(c))		
TOTAL CLAIMS (37 CFR 1.16(c))	57 minus 20 =	37
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$	OR		\$ 740
x \$		OR	x \$ 18 =	666.00
x 42 =		OR	x 84 =	
+ =		OR	+ =	
TOTAL		OR	TOTAL	
			1,406	

* If the difference in column 1 is less than zero, enter "0" in column 2

6/22/04 CLAIMS AS AMENDED - PART II (Non-Correct)

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (37 CFR 1.16(c))	65 Minus	57	8
Independent (37 CFR 1.16(b))	5 Minus	3	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$		OR	x \$ 18 =	144
x		OR	x 84 =	172
+ =		OR	+ =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			316	

7/23/04

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (37 CFR 1.16(c))	65 Minus	65	0
Independent (37 CFR 1.16(b))	5 Minus	5	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$		OR	x \$	
x		OR	x	
+ =		OR	+ =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

12/13/04

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (37 CFR 1.16(c))	7 Minus	65	1
Independent (37 CFR 1.16(b))	1 Minus	5	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$		OR	x \$	
x		OR	x	
+ =		OR	+ =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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